



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Community Mental Retardation and Mental Health Services providers participating in the Virginia Medical Assistance Program, Managed Care Organizations providing services to Virginia Medicaid recipients, and holders of the *Mental Retardation Community Services* and *Community Mental Health Rehabilitative Services* manuals.

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO** Special

**DATE** 4/26/2002

**SUBJECT:** Clarification of Medicaid Reimbursable Transportation Services

This memo clarifies which mental health and mental retardation transportation services are reimbursable by Medicaid. This clarification will be added to the Mental Retardation Community Services Manual and the Community Mental Health Rehabilitative Services Manual. The effective date of this clarification is May 13, 2002. If there are any changes to services for the Mental Retardation Waiver (MR Waiver), pre-authorization of new or revised services are to be made through the Department of Mental Health, Mental Retardation, and Substance Abuse Services using the established procedures.

DynTek and LogistiCare, in conjunction with affected parties, will develop one form (known as the Broker Authorization Form) for use by both brokers to justify trips. This form will have Department of Medical Assistance Services approval prior to distribution. Until the new form is approved, the brokers may continue to use the form developed by the brokers to document authorized trips (see attached).

For transportation purposes, community integration trips and field trips are those trips made during the day after the individual has arrived at the clubhouse, center based provider, or after arrival at the first non-center based activity and before the last non-center based activity.

### ***Mental Retardation Services- Day Support, Pre-Vocational, and Supported Employment***

DMAS will pay for all MR Waiver Services, as long as Medicaid service criteria are met.

#### **Medicaid Payment for Transportation:**

1. Payment will be made for transportation from the recipient's place of residence or other designated location, such as school to the enrolled provider and back to the designated drop off location.
2. Payment will be made for transportation to a respite location of an enrolled provider and back to the residence or other designated location.

3. The time spent transporting the recipient to or from the place of residence or other designated location, by the service provider (for example, day support services, congregate residential services, etc.) may be billed if a staff member, in addition to the driver, is required to supervise the recipient.
4. The broker will not arrange or pay service providers for transportation for community integration activities.
5. The transportation broker will not request the Individual Service Plan (ISP). The transportation broker may request the Individual Service Authorization Request (ISAR) or the Broker Authorization Form to verify weekly schedules (i.e., which days are authorized for services).
6. The transportation broker will arrange and pay for transportation to and from medical providers for medical appointments.

**Center Based Example:**

John is picked up at home and taken to the center based day support. The broker arranges for and pays for transportation from John's home to day support. John goes out to lunch during the day with others from the day support program. The broker does not arrange for or pay for transportation to and from lunch. John is picked up from day support and taken home at the end of the day and taken to a Medicaid-funded respite program where he will spend the weekend. The broker arranges for and pays for transportation from day support to the respite program.

**Non-Center Based Example:**

Sue is picked up from her grandmother's home and taken to her job at McDonald's. Since this is non center based supported employment, the broker arranges for and pays for transportation from home to McDonald's. Sue works until noon, at which time she is picked up by the CSB van and goes with other individuals to a movie for the afternoon as part of her treatment goal of socialization. Sue is taken to the CSB after the movie. The broker does not arrange or pay for transportation from McDonald's to the movie and from the movie to the CSB. Sue is picked up from the CSB and taken home. The broker arranges for and pays for transportation from the CSB to Sue's home. On a day that Sue has a medical appointment after supported employment, the broker arranges transportation from McDonald's to the medical appointment. The broker arranges transportation from the medical appointment back to the CSB or to her home.

**Mental Health Services – Psychosocial Rehabilitation and Mental Health Supports**

DMAS will pay for Psychosocial Rehabilitation or other Community Mental Health Rehabilitative Services as long as Medicaid service criteria are met.

**Medicaid Payment for Transportation:**

1. Transportation from the recipient's place of residence or other designated location, such as the psychosocial rehabilitation program, to the enrolled provider, and back to the designated drop off location is allowed.
2. While transporting the recipient to or from the place of residence or other designated location, the service (for example, Psychosocial Rehabilitation Services) may be billed if an attendant, in addition to the driver, is required to supervise the recipient.
3. The broker will not arrange or pay service providers for transportation for community integration activities (field trips).
4. The transportation broker will not request the Individual Service Plan (ISP). The broker may request the Broker Authorization Form to verify the need for transportation and the weekly schedule.

5. The transportation broker will arrange and pay for transportation to and from medical providers for medical appointments.

**Club House Example:**

George is picked up from his residence and taken to the clubhouse. The broker arranges and pays for transportation from his residence to the clubhouse. From the clubhouse, George goes to WalMart, the bank, and Food Lion. From Food Lion, George goes back to the clubhouse. The broker does not arrange or pay for transportation from the clubhouse to WalMart, the bank, Food Lion, and back to the clubhouse. George goes home from the clubhouse. The broker arranges for and pays for transportation from the clubhouse to George's residence. On a day that George has a medical appointment, the broker arranges transportation from the Clubhouse to the medical appointment. The broker arranges transportation back to the clubhouse or to the residence depending upon the time of day.

DMAS is working with the affected parties on two issues that will be addressed in a future memorandum. The issues are: (i) guidance on when an adult has to travel with a child; and (ii) how transportation will be handled for individuals receiving consumer-directed services.

**COPIES OF MEDICAID MEMORANDA AND PROVIDER MANUALS**

DMAS publishes searchable and printable copies of its provider manuals and Medicaid memoranda on the Internet. Please visit the DMAS website at <http://www.dmas.state.va.us>. Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to see Medicaid memoranda. The Internet is the fastest way to receive provider information.

**"HELPLINE"**

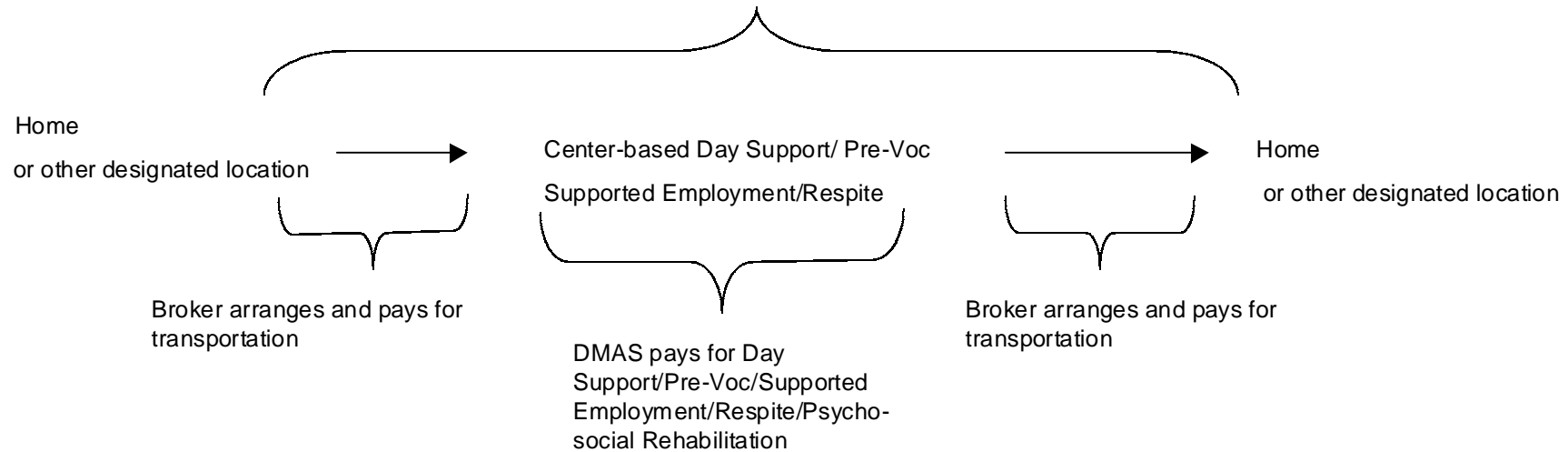
The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the "HELPLINE" is for provider use only.

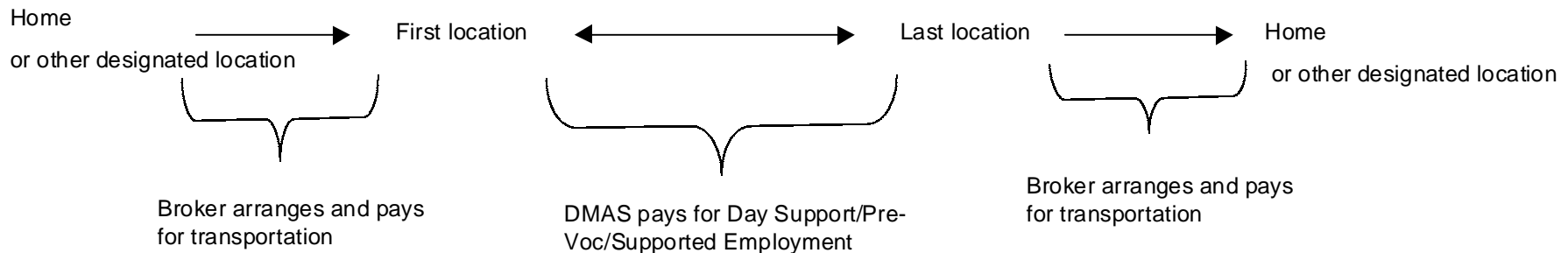
**Transportation To**  
**Center Based Day Support/Pre-Voc/ Supported Employment/Respite/Psychosocial Rehabilitation**

DMAS will pay for the MR Waiver or psychosocial rehabilitation services if a staff member (other than the driver) must ride with the recipient on the van to control behavior, etc.



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**Transportation to Non Center-Based Day Support/Pre-Voc/Supported/Employment**





Virginia Non-Emergency Medical Transportation Program

**58 North Washington Avenue**

**396-8222**

**Phone: (866)**

**Pulaski, Virginia 24301**

**8222**

**Fax: (866) 396-**

**DYNTEK – Broker Trip Authorization Form**

**Social Services Department Phone: (866) 396-8224**

DOCUMENTATION FORM (In lieu of ISP, UAI, or Other Service Treatment Plan) FOR RECURRING TRANSPORTATION REQUESTS.

CSB/Facility Name \_\_\_\_\_  
Program \_\_\_\_\_

Mbr/Recipient Name \_\_\_\_\_ Medicaid # \_\_\_\_\_ will begin or already participates in the \_\_\_\_\_ program beginning (Start Date) \_\_\_\_\_ and next review date is \_\_\_\_\_. This consumer meets the eligibility criteria for this service. We have developed a current Individual Service Plan and have identified transportation as being covered by Medicaid for this service.

The following bullets reflect the consumer's specific needs as are indicated in their ISP.

- ☐ To increase support and social involvement
- ☐ To enhance interpersonal skills
- ☐ To participate in scheduled field trips for specific goals as reflected in ISP
- ☐ To participate in basic living skills unit of choice
- ☐ To participate in Psychosocial Rehab Program Monday through Friday
- ☐ Other, (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We are a licensed \_\_\_\_\_ Program and are a participating provider with the Department of Medical Assistance Services.

Below, we have checked how many days per week the above consumer is authorized pursuant to the supporting ISP, SAR, or other document to receive and be transported to the service.

- ☐ One (1) day per week      Specific Day \_\_\_\_\_
- ☐ Two (2) days per week      Specific Days \_\_\_\_\_
- ☐ Three (3) days per week      Specific Days \_\_\_\_\_
- ☐ Four (4) days per week      Specific Days \_\_\_\_\_
- ☐ Five (5) days per week      Specific Days \_\_\_\_\_
- ☐ Six (6) days per week      Specific Days \_\_\_\_\_
- ☐ Seven (7) days per week

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Signature (Case Manager, Social Worker, Program Manager, etc.)

Dyntek reserves the right at any time to require the actual ISP or other documentation for validity purposes if the completed form is not inclusive of our verification requirements.

Please fax completed form to: (540) 980-3095, Or (540) 980-7562.



## Transportation Request Form

\*\*\*\*\*48 Hour Notice Required\*\*\*\*\*

This form must be completed in its entirety or the trip will not be scheduled

Today's Date \_\_\_\_\_ County: \_\_\_\_\_ Appt Date: \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. (Required for Ambulance & Wheelchair Transport)

Insurance Type (Circle One) MEDICAID / UNICARE - I.D.# \_\_\_\_\_

Medicare Number \_\_\_\_\_ Other Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Specific Appointment Reason: \_\_\_\_\_ CPT or Z \_\_\_\_\_

### Trip Type

Standing Order (Weekly recurring trip at least 3 months duration) \_\_\_\_\_ Non recurring appointment \_\_\_\_\_

Appointment Time: \_\_\_\_\_ AM/PM Pick Up Time \_\_\_\_\_ AM/PM

Return Time: \_\_\_\_\_ AM/PM

Appointment Day: \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

( ) Ambulatory ( ) Wheelchair ( ) Ambulance

( ) Escort -Required for under 12 years of age, consent form required for 12 to 17

\*\*\*\*\*Explanation of Medical Necessity required for all ambulance requests\*\*\*\*\*

### Pick-Up Information

From: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Suite: \_\_\_\_\_ City: \_\_\_\_\_ Ph: \_\_\_\_\_

### Drop-Off Information

To: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Suite: \_\_\_\_\_ City: \_\_\_\_\_ Ph: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Does your facility provide its own transportation? ☐

**FAX request to 866 679-6329 at least 48 hours before trip date**

**\*If you have any questions, please call the Facility Assistance line at 866-679-6330\***